

Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 2nd and 3rd floor, BG investment Corporation Bldg. Gov. Lim Ave.  
 Zamboanga City  
 Telephone No. (062) 992-3569  
 Fax No. (062) 992-2739

**Purchase Order**

Supplier: Joel Audio Lights & Sounds  
 Address: 540 Billard Drive, Baliwasan, ZC  
 Tel/Fax No.: 0927-284-1201  
 Supplier Registered with : NON-VAT  
 TIN: 468-733-908-000  
 Please deliver to this office within 15 days (working) from receipt hereof the following:

P.O. No.: 110-07-005  
 Date: March 15, 2016

Mode of Procurement: Negotiated Procurement-SMV

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Lights and Sound Rental Characteristics of Affair <ul style="list-style-type: none"> <li>- Live singing and lip sync presentation of most popular icons from 70s to 2000s</li> <li>- Dance Numbers</li> <li>- Live Band</li> <li>- Disco</li> </ul> Number of attendees: 20 pax Needed Requirements: <ul style="list-style-type: none"> <li>- Basic Light and sound with full band equipment</li> <li>- Adequate sound systems for a lip syncing affair</li> <li>- Adequate lighting</li> <li>- Band Equipment</li> <li>- Disco Music</li> <li>- Professional sound and lights crew</li> </ul> Preferred Equipment for lights <ul style="list-style-type: none"> <li>- At least 35pcs LED lights for stage, entrance, hallway, draperies</li> <li>- Moving heads-2 sharp unit</li> <li>- 1 follow spot</li> <li>- Fog machine</li> <li>- Light stands</li> <li>- Light controller</li> </ul> Preferred Equipment for sounds <ul style="list-style-type: none"> <li>- 5 wired microphones</li> <li>- 5 wired mic with mic stands</li> <li>- Mic Cable</li> <li>- Speaker stands</li> <li>- 1 unit Mixing console</li> <li>- 2 units front of house speakers</li> <li>- 1 unit Power amplifier</li> <li>- 2 units low frequency sub</li> <li>- 2 units floor monitor</li> <li>- 1 unit CD/DVD player</li> <li>- 1 set computer set applicable for sound system use</li> <li>- 1 unit Graphic equalizer</li> <li>- Speaker wire</li> </ul>	9,300.00	9,300.00

			- AVR - Power supply - UPS ***** Nothing Follows ***** Less: 3% WHT  For March 18, 2016 PhilHealth Activity from 6:00PM to 11:00pm at Palacio del sur, Gov. Lim Ave., ZC Set up time L 1:00PM		
					9,300.00
					279.00
					9,021.00

**Conditions:**

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the P.O.
4. For imported items, IMPORTANT DOCUMENTS specially showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. In case of return, all expenses shall be shouldered by the supplier to and from.
6. No cancellation is allowed upon serving of P.O.

The contracting parties undertake to comply with Office Order No. 0018-2015 entitled " Reiteration of PhilHealth No Gift Policy (Revision 1" which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

Funds Available in the amount of:

PHP 9,300.00

For: 3/16/16  
ROSEMIN E. DAMSID  
 Fiscal Controller IV

MARIA JOY A. FABELLA  
 Division Chief IV, MSD

Prepared by:

ERWIN R. SUECIENCIA  
 Administrative Officer I

APPROVED:

ROMEO D. ALBERTO  
 Regional Vice President  
 (Or Authorized Representative)

Received copy of P.O. on MARCH 16, 2016  
 By: JM

CONFORME:  
JOEL MATEO  
 Print Name and Signature of  
 Supplier / Representative